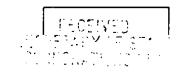
RI SOS Filing Number: 202562396610 Date: 1/10/2025 11:29:00 AM



State of Rhode Island Department of State - Business Services Division



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2025 JAN 10 AKH: 29

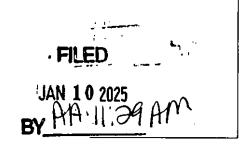
Pursuant to the provisions of F following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1698773	Move to PVD, LLC		
3. The address of the residen	t office as PRESENTLY showr	n in the records on file with the	RI Department of State:
Street Address 655 Mendon			
City/Town Cumberland		State RHODE ISLAND	^{Zip} 02864
4. The address of the NEW re			<u> </u>
Street Address (NOT a P.O. Box)	8 Farnworth Drive		
City/Town Lincoln		State RHODE ISLAND	^{Zip} 02865
5. Date when this Statement of	of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filing)	ng)	. .	
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I dec Limited Liability Company, and	clare and affirm that I have exa d that all statements contained	mined this Statement of Chan I herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Brad R. Pelletier, Esq.			
Signature of Authorized Person	on of the Limited Liability Comp	pany	
Bund K. Kel	ut	<u> </u>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



RI SOS Filing Number: 202562396610 Date: 1/10/2025 11:29:00 AM



I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

January 10, 2025 11:29 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

